	OR	DER FOR SUP	PLIES OR SERVICE	CES			` `		PAGE	OF PAGES	
IMPORTANT:	Mark all packages and papers with	contract and/or o	order numbers.						1	1 3	3
1. DATE OF ORDER 2. CONTRACT NO. (If any) HHSN263999900844B					6. SHIP TO: a. NAME OF CONSIGNEE						
			EEEDENOE NO	-							
3. ORDER NO. 4. REQUISITION/REFERENCE NO. 369732				Anoushah Shokouhi							
5. ISSUING OFFICE (Address correspondence to) National Institutes of Health National Cancer Institute Bethesda				b STREET ADDRESS 2115 E. Jefferson St. Suite 6000/Rm 6014							
MD 2089	2-7511			c. CITY Rocky.	ille	.		-	d. STATE	e. ZIP CODE	
7. TO: ANNA	MARIE SCOTT			f. SHIP VIA							
a. NAME OF CO		07242		<u> </u>		8 7	YPE OF ORDER				
b. COMPANY NA	ME			a. PUF	RCHAS		THE OF ORDER		DELIVERY	,	
c. STREET ADD	RESS			REFEREN							
	ENSBORO DRIVE			Propo	sal	No. 01W2-00	20	Except for billing instructions on the reverse, this delivery order is			
								subje	ect to instruct	ions contained	
				Please furnish the following on the terms and conditions specified on both sides of				issue	d subject to	nis form and is the terms and above-number	
d. CITY		e. STATE	f. ZIP CODE	1		the attached sheet, if livery as indicated.		contr	ract.		
MCLEAN		VA	221023838								
	S AND APPROPRIATION DATA					NING OFFICE ces 301-435-	7774				
See Sched	CLASSIFICATION (Check appropriate b	ov/eel)		Marii	Mai	es 301-435-	12. F.O.B. POIN	т			
a. SMAL	p mene		c. DISADVANTAGED)	g. SE	RVICE-	Destinat				
d WOM	EN-OWNED e. HUBZone		f. EMERGING SMAL	L		SABLED ETERAN-	Descinac	1011			
			BUSINESS			MNED					
	13. PLACE OF		14. GOVERNMENT B/L NO	0.		15. DELIVER TO F.O.I ON OR BEFORE (D			16. DISCOU	NT TERMS	
a INSPECTION b. ACCEPTANCE Destination Destination						03/29/2008			PROMPT	PAY	
Descinac	1011 Described	.011	17. SCHEDULE (Se	ee reverse for	r Reiec	tions)					
	i .			QUANTITY		UNIT			- 1	QUAN	ITITY
ITEM NO. SUPPLIES OR SERVICES (a) (b)			ORDERED (c)	UNIT (d)		AM	OUNT (f)		ACCEI		
	GSA Contract #: MULT Admin Office: National Instite National Cancer Bethesda MD 20892-7511 Continued	IPLE SEE DE								(3	
	18. SHIPPING POINT		19. GROSS SHIPPING V	WEIGHT		20. INVOICE NO.					17(h) TOTAL (Cont.
21. MAIL INVOICE TO:										1	pages)
a. NAME OFM								071	.00		4
SEE BILLING INSTRUCTIONS ON REVERSE	b. STREET ADDRESS 2115 E Jefferson St (or P.O. Box) MSC 8500 Suite 4B 432										17(i) GRAND TOTAL
	c. CITY Bethesda	d. ST/		e. ZIP CODE \$25,071.00 20892-8500				4			
22. UNITED BY (Sign	STATES OF AMERICA					23. NAME (Typed) PAMELA C. TITLE: CONTRACTI			:R		

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PA	iar.	/	(10	٠.٦

$C \cap MTP \Delta CTP$	NO	(it	anvi	HHSN263999900844B

CONTRACT	W. (11	any) hhsn26399	770V044D	-		LAGE	2 01 3				
			SUPPLEMENTAL INVO								
f desired, this	order (or a c	copy thereof) may be us	ed by the Contractor as the	Contract	or's invoice, inste	ead of a separate invoice, provid	led				
he following st	atement, (si	gned and dated) is on	(or attached to) the order: "I	ayment i	is requested in th	ne amount of \$ N	0				
other invoice w	ill be submi	tted." However, if the Co	ontractor wishes to submit a	n invoice	, the following inf	formation must be provided;	•				
contract number	er (if any), o	rder number, item numb	er(s), description of supplie	s or servi	ce, sizes, quanti	ties, unit prices, and extended					
otals. Prepaid	shipping co	sts will be indicated as a	a separate item on the invoi	ce. When	e shipping costs	exceed \$10 (except for parcel	20				
oost), the billin	g must be s	upported by a bill of ladi periodic billings are en	ng or receipt, vynen severa couraged	i orders a	re invoiced to an	ordering activity during the san	ie				
oming period, c	onsolidated	periodic billings are en	RECEIVING	PEROPT							
Quantity in the	"Quantity A	ccepted" column on the	face of this order has been	ı: 	•	ected, accepted,	received				
	FARTIAL	s contract. Items listed to	pelow have been rejected for				T				
SHIPMENT			DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP. DATE							
NUMBER FINAL											
TOTAL CONTAINE	OTAL CONTAINERS GROSS WEIGHT RECEIVED AT				TITLE						
			REPORT OF RE	JECTIONS	S						
ITEM NO. SUPPLIES OR SERVICES			UNIT	QUANTITY	REASON FOR REJEC	REASON FOR REJECTION					
TIEM NO.		30112120 011 021111020			REJECTED						
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ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE OF PAGES

IMPORTANT: Mark all packages and papers with contract and/or order numbers. ORDER NO. DATE OF ORDER CONTRACT NO. 01/29/2008 HHSN263999900844B HHSN26100003 QUANTITY QUANTITY UNIT AMOUNT ITEM NO. SUPPLIES/SERVICES UNIT ORDERED (C) PRICE (E) ACCEPTED (G) (D) (F) (A) Period of Performance: 10/16/2006 to 02/29/2008 25,071.00 1 caTissue ROI Study POP - 2 months from Date of Award Delivery To: 6014 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES Project Data: 120020.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS & INFORMATION.2512 MGMT PROF SPRT SVC OTHER.01/23/2008 Accounting Info: 08024920081DA0.2008.01.C100.HNC1D00000 C.E.00016.406.C283.2512.610001.9999.99 99.9999

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))